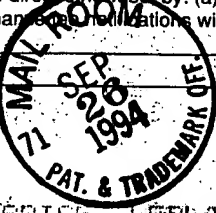


# **PART B - ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**



1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
12M1/0713 LOWE, PRICE, LEBLANC AND BECKER 99 CANAL CENTER PLAZA, SUITE 300 ALEXANDRIA, VA 22314	INVENTOR'S NAME:  Street Address:  City, State and ZIP Code:  CO-INVENTOR'S NAME:  Street Address:  City, State and ZIP Code:  <input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/019,011	02/18/93	014	FORD, J	1202 07/13/94
First Named Applicant: DEAN, THOMAS R. [Signature]				

TITLE OF INVENTION: SULFONAMIDES USEFUL AS CARBONIC ANHYDRASE INHIBITORS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1158C	514-222.800	C60	UTILITY	NO	\$1170.00	10/13/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1. Sally Yeager 2. 3.

DO NOT USE THIS SPACE

P 30036 09/29/94 08019011 01-0682 030 142 1,170.00CH  
P 30037 09/29/94 08019011 01-0682 030 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)	
(1) NAME OF ASSIGNEE: Alcon Laboratories, Inc.		6b. The following fees should be changed to: DEPOSIT ACCOUNT NUMBER 01-0682 (ENCLOSED PART C)	
(2) ADDRESS: (CITY & STATE OR COUNTY) Fort Worth, Texas		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Delaware		<input type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Signature of party in interest of record) Sally Yeager (Date) 9-20-94	
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the record of the Patent and Trademark Office.			